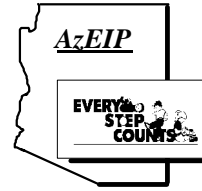


Chapter 8



DATA COLLECTION AND RECORD KEEPING

Arizona Early Intervention Program

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8.0.0 Data Collection and Record Keeping**8.1.0 Authority:** 20 U.S.C. § 1435(a)(14); 34 CFR 303.540**8.2.0 Introduction**

AzEIP establishes procedures to ensure that accurate data is collected, analyzed, and utilized to guide monitoring efforts, improvement strategies, and decision-making. Child and family data is also utilized to evaluate the effectiveness of the early intervention program and to track and evaluate outcomes and consequences of early intervention supports and services on the development of children and the enhancement of family's capacity to support that development.

8.3.0 Data Collection**8.3.1 Policy**

1. Each AzEIP service providing agency and contractor collects information on the activities undertaken on behalf of the children who are AzEIP eligible and served by their own system.
2. AzEIP reviews and analyzes the data in order to develop required reports and to inform system monitoring and improvement efforts.
3. Each AzEIP service providing agency and contractor shall gather and enter all required information, update information regularly, and transmit data as required to AzEIP.
4. Each AzEIP service providing agency and contractor will have at least one individual who is responsible for the data activities, which may be a designated "Data Specialist" and/or the Service Coordinator assigned to work with a family and child. These individuals will be knowledgeable of the program, data system, data forms, data entry, and report generation.
5. The Data Specialist and/or Service Coordinator is responsible for ensuring that each individual who has access to the data system uses the system for only its intended purpose, maintains and protects the confidentiality of the data, and upholds any proprietary rights associated with the software/hardware.
6. Each AzEIP service providing agency and contractor will ensure that information for each AzEIP eligible infant and toddler has a record open in the data system, and that all required data will be entered for each child in a timely manner. New demographic, evaluation, service information, and other required intervention data will be entered as appropriate.
7. After the infant/toddler's exit from AzEIP, the service coordinator or designee will ensure that the child's file is closed in the data system.
8. All services and supports authorized on a child's IFSP must be entered into the data system as "authorized services" in a timely manner. This will include the service, frequency, intensity, duration, and, as appropriate, anticipated payor.

9. Each AzEIP service providing agency and contractor is required to collect and submit timely and accurate data to AzEIP, including information on services provided to all AzEIP eligible infants and toddlers. Each AzEIP service providing agency and contractor will have a process to follow-up and/or track when they are late in submitting data.
10. Each AzEIP service providing agency and contractor will generate data reports as required for billing and reporting for AzEIP and/or DDD, as appropriate.
11. The AzEIP service providing agency or contractor providing service coordination for a child shall input data into the data system in the following general categories:
 - A. Demographic data
 - B. Medical and developmental evaluations
 - C. Eligibility decisions
 - D. IFSP data
 - E. Services authorized on the IFSP with dates
 - F. Services received by the family with dates
 - G. Transition activities
12. The specific data entered will include the following information:
 - A. date of referral
 - B. date of eligibility determination
 - C. designate if eligibility note determined within 45 days
 - D. date of initial and ongoing IFSP
 - E. if initial IFSP not within 45 days from date of referral, the reason why not completed within the timeline
 - F. planned start and end dates of service(s) listed on IFSP
 - G. actual start and end dates of service(s) listed on IFSP
 - H. types of services listed on IFSP
 - I. method of service
 - J. setting of service(s) listed on IFSP
 - K. transition data (such as date of transition conference; documentation that the public education agency was notified of potentially eligible child by February 1st and September 15th of each year)
 - L. exit data
13. AzEIP does not use sampling to provide Part C Reports.
14. AzEIP reports annually to the Secretary of the United States Department of Education, as required.

8.3.2 Procedures

1. All data collected through the AzEIP automated information system (such as FOCUS or ACTS-4) shall be reported to AzEIP monthly. If the agency contracts for service coordination and/or other early intervention services, the

agency shall require and ensure that contractors submit the necessary data in an accurate and timely manner.

2. For service providing agencies using the ACTS or other non-FOCUS databases, cases shall be closed, as appropriate, according to the Technical Assistance Bulletin entitled *When to Close a Referral*. See **Appendix A**.

8.3.3 Practice Guidelines

1. To ensure the most updated and accurate entry of data, it is recommended that the Data Specialist, or other designee, run management/administrative review reports at least monthly. These reports provide pertinent information concerning errors with data entry as well as identify critical fields that do not contain required data.

8.4.0 Record Keeping

8.4.1 Policy

1. The service coordinator employed or contracted with the AzEIP service providing agency or program shall establish and maintain a record for each child and ensure that all pertinent information and evaluations are documented in that record. A
2. Agencies or contractors who have a virtual record keeping practice will ensure that the requirements of the AzEIP policies contained herein are met.
3. If a child enrolled in early intervention transfers from one vendor to another, the service coordinator must ensure that a copy of the child's record is transferred to the receiving vendor and service coordinator (if different) within five (5) days of the child's move.
4. The child's record shall include, as applicable:
 - A. referral information
 - B. log of records access/released
 - C. contact or progress notes
 - D. appropriate and updated consents, permission, and release forms
 - E. copies of Procedural Safeguards for Families Booklet signature pages and, if appropriate, documentation that family did not want additional copy
 - F. evaluation and assessment records
 - G. copies of all correspondence received or initiated
 - H. prior written notices (including consents, letters and Notice of Action forms)
 - I. notification of eligibility/not eligible for AzEIP
 - J. if eligible, the initial and ongoing IFSPs (including vision and hearing forms and Eligibility Outcome Summary form as appropriate)
 - K. results of initial and exit assessments concerning child indicators: positive social-emotional relationships, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs.
 - L. pertinent health and medical records
 - M. transition forms (such as the Arizona Transition Planning Form) and documentation
 - N. exit information
 - O. additional documentation, such as court order granting legal guardianship/surrogate parent, etc.
5. Other individuals providing services to the child and family (such as the team lead, physical therapist, etc.) may also maintain a child's record. For purposes of the Family Educational Rights and Privacy Act (FERPA), all records concerning the child and family maintained for early intervention services are considered the child's record regardless of location. Please refer to Section 7, *Procedural Safeguards*, for AzEIP's policy on child records access, amendment, and destruction.

6. Each child record must contain a log to document (1) who accessed the file, when, and what for; and (2) to whom the documents were released, when, and what for.

8.4.2 Procedures

1. The service coordinator or designee will close the case record within ten (10) days of program exit.
2. Closed case records must be maintained for a minimum of five (5) years from the date of closure. Please see Section 7.4.0, *Records Access, Amendment, and Destruction*, regarding procedures for destroying records.

8.4.3 Practice Guidelines

1. Each agency/vendor should have a system in place to ensure quality control for accurate and timely entry of the data.
2. To assist in maintaining records with consistency and accuracy, the following sections may be used as guidance for preparing a child's file:

Front of Record: Record Access/Release Log

- A. This is log of all individuals who access or review the record.
- B. The service coordinator may be noted as such, and is then not required to sign the log each time it is reviewed.
- C. A copy of a Record Release/Access log is in **Appendix B**.

Section 1: Notes/Service Implementation

- A. Notes should be written by the service coordinator for every contact or activity.
- B. A sample contact/note service coordinator log is in **Appendix C**.
- C. Notes should be kept in chronological order with the most recent notes on top.

Section 2: Intake/Referral

- A. Information should be kept in chronological order with the most current information on top.
- B. Referral forms
- C. Demographic information
- D. Letter regarding Insufficient Referral Information
- E. No contact letter

Section 3: Medical

- A. Information should be kept in chronological order with the most current information on top.
- B. Hospital and physician records with pertinent medical diagnosis for eligibility (such as discharge summaries)
- C. Other pertinent records and medical information, such as evaluations

Section 4: Evaluation/Assessment/Eligibility

- A. Information should be kept in chronological order with the most current information on top.
- B. Evaluation and assessment reports
- C. Evaluation and assessment protocols
- D. Collateral information/reports used for eligibility determination
- E. Progress and other notes generated by staff
- F. Vision screenings, evaluations and other information, including the Vision Screening Checklist
- G. Hearing Screening Tracking form and audiological reports
- H. Notification of Eligibility/Not Eligible

Section 5: Individualized Family Service Plan

- A. IFSPs should be kept in chronological order with the most current information on top.
- B. IFSPs and updates

Section 6: Consent/Legal

- A. Information should be kept in chronological order with most current information on top.
- B. Prior Written Notice/Consent to Evaluate
- C. Prior Written Notice/Eligibility letters
- D. Prior Written Notice/Notices of Action
- E. Permission to share information and consents to release records
- F. Consent to use private insurance
- G. Procedural Safeguard notification (signature page)
- H. IFSP meeting notification
- I. Permission to videotape, photograph, etc.
- J. Court Orders regarding surrogate parent and other parental responsibility orders, if applicable

Section 7: Financial /Data

- A. Information should be kept in chronological order with most current information on top.
- B. Documentation of Insurance/Medicaid
- C. Medicaid (AHCCCS/ALTCS) eligibility information
- D. Invoices and billing (may be kept in a separate child-specific file)

Section 8: Correspondence/Miscellaneous

- A. Copies of correspondence sent and received by the program